U.S. Department of Labor Office of Labor-Management Ständards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



## READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number <b>U</b> - 575	2. Fiscal Year Covered From:				
	1 / 1 / 2004 Through: 12 / 31 / 2004				
3. Name and address of person filing.	4. Name, file number, and address of labor organization.				
Name Jeffrey Benavidez	Name International Association of Iron Workers #66				
	Labor Organization File Number 023-625				
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any				
Street 4318 Clark Ave.	Street 4318 Clark Ave.				
City San Antonio	City San Antonio				
State Texas ZIP Code +4 78223	State Texas ZIP Code + 4 78223				
5. Position in labor organization. Business Manager					
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  7.a. Nature of Interest, Transaction, or Income.					
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street	7.b. Amount.				
City					
State ZIP Code + 4					
Signature					
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true correct, and complete. (See the section on penalties in the instructions.)					
Signer Jeffsuy & municipa	On 8-11-05				
Form LM-30 (2003)	Date Telephone Number				

Name	of Per	son Filing
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## Jeffrey Benavidez

File Number U-

B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise			
8. Name and address of Business (including trade name, if any).  Name Segal Company  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite 610  Street 6575 West Loop South  City Bellaire  State Texas ZIP Code +4 77401	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name Texas Ironworkers Trust Funds  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 9555 W. Sam Houston Pkwy S	Benefit Consultant			
Olicet Samuel Sa	11.b. Approximate dollar value of such dealing.	\$154,844		
City Houston	12.a. Nature of interest held or income received.			
State Texas ZIP Code + 4 77099	October 19, 2004 Golf after meeting with lunch.	g at Lochinvar		
	12.b. Amount.	\$36		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
<ol> <li>Name and address of Employer or Labor Relations Consultant (including trade name, if any).</li> </ol>	14.a. Nature of payment.			
Name				
Trade Name, if any:		date la provinció de la constitución de la constitu		
P.O. Box, Bldg., Room No., if any	**Netaanoo	overeletermon		
Street	40.000	Political		
	**************************************	de de la company		
City	A STORY CONTRACTOR OF THE STOR			
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			